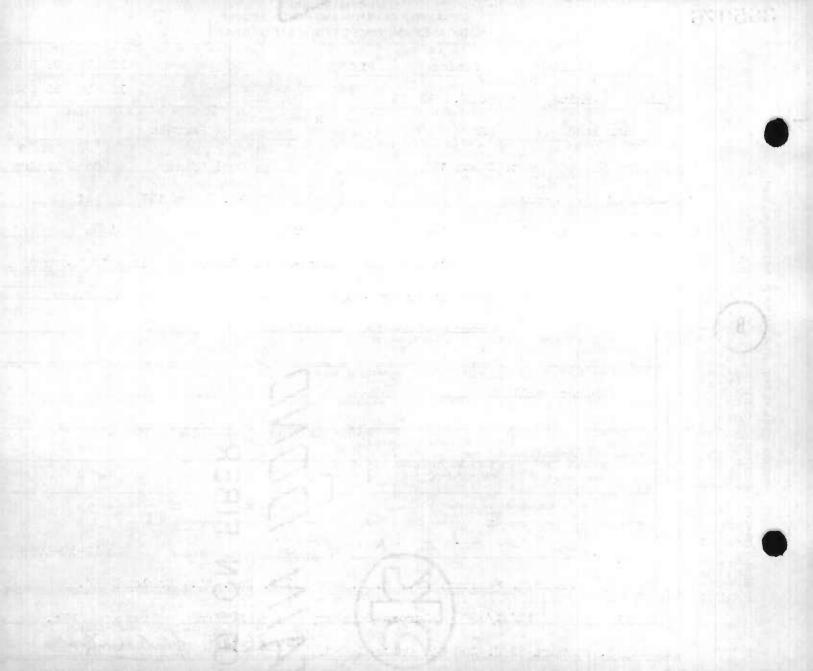
DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE 353154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME 2h HOUR (TYPE OR PRINT) 751.P 12 DEATH MATED Sherman Loyal BROOKS 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 751P Oct. 20, 1931 DEAD Male White 54 O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Garrett WIDOWED [DIVORCED West Virginia IISA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY DOA) Garrett Co. Mem. Hospital Dakland Worker Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LAMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 430 South Eighth St. Md. Garrett Oakland 21550 YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Flossie Tela Brooks Foster 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 1952-53 216-28-9092 Yes Mrs. Flossie S. Likins, See #13 above CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Coronary artery disease ears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arterios clerosis, general ized gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK Inquiry X 220. I certify that book charge of the remains described above, beld on Autopsy Inspection and in my opinion Notural couses death resulted from: Undetermined manner Accident Hamicide ... PAGE 4 SHOULD FOR FOUR PINE TITLE (SPECIFY) DATE 1 2-5-1 985 MEDICAL EXAMINER ADDRESS 107 S. EXAMINET'S NAME James H. Feaster, Jr., M. D. 2nd. St., Oakland, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Pleasant Valley Cem. Oakland, BURTAL 12/8/85 Garrett, Maryland 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Bradlev A. Stewart Oakland, Maryland 21550

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE) 353185 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Charles Otto Burns DEATH MATED 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Male White 05 1908 12 TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY W. Va. USA WIDOWED | DIVORCED II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION GAPTESTUM. HOSPITAL O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK Oakland Timberman Farmer Farming Route 1 W. Va. OUNTY 13c. CITY_OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Preston Rowlesburg Rowlesburg / WV NO IX FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Joseph Burns Adis Funk 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS Rt 1 Box 369A 234-12-1855 Beatrice Burns Rowlesburg. WVa 18 CAUSE OF DEATH (Enter only one couse per toronary).) artery disease APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF OTIC cardio-vascular disease " Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (d. TIERLE OF CHOPTION GIVEN IN PART 1 (d. TIER CERTIFICATION Open reduction fractured right hip. 190 DATE OF OPERATION 20 AUTOPSY? 5-15-1985 210. EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONATOAR BEAR Fell at home. UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE Rural Rt. 1. Rowlesburg Preston WVa. THE THEORY, FARM, ETC.) 220. I certify that taak charge of the remains described above. I filed in Autopsy Inspection and in my opinion Natural causes Accident Suicide Hamicide Undetermined manner TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BARTIMORE, MARY 12-10-1985 DESCET MEDICAL EXAMINER EXAMILY SNAME James H. Feaster, Jr., M. D. 107 S 2nd. St., Oakland, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Rowlesburg Rt 1 Preston W. Va. 12/13/1985 Etam Cemeterv 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson Pandare **DHMH** - 17 Terra Alta, W. Vanco 400 (VR A15 ME (5))

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365076	FOR 1 - STATE			DEPARTMENT O	FHEALTH	AND MENTAL		3 4	1 3	0 ;	1
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MATA BENEFIT OF THE STATE OF TH		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	SE OR CONDITION GIVEN IN P	ART 1 (a).		- Ev-171		
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SY S	/			V	^	DEPUTY	MEDICAL EXAM	AINER S	SIGNED	10.1	505
P P P P P P P P P P P P P P P P P P P	EXAMINER'	S NAME Tame:	s H. Feasi	ter. Jr.	M. D.	ADDRESS 107 S.	2nd. St.	. Oaklan	d, Md.		
53.45.48 -	23a.BURIAL, CREM								COUNTY	ST	ATE
BP	Burial		12/21/85	Auror	a Ceme		Aurora	Pres	ston	WVa.	
DHMH - 17	24. FUNERAL DIRE	CTOR	ADDRESS		1-41		REC'D. BY REGISTRA	AR 256 REGISTR	AR'S SIGNAT	URE	
(VR A15 ME (5))	Bradley	A. Stewar	t 32 S. 21	nd St. Oak	land.	Md.	E.O. BERRY	June wan	4001 - NO		-1
	TO MEDICAL EXAMINER: THIS CRITICATE SHOULD BE EXECUTED WITHIN A HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD. PENDING IN PENDING IN PENDING IN THE PAGE STORY PROPERLY DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALING WITH FORM PM. 3. RETAIN PAGE STORY YOUR FILES. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURBAL WAS FERMIT PAGEST AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STAIR DEPARTMENT OF REMAINING IN SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STAIR DEPARTMENT OF REMAINING IN SHOULD BE FILED. WITHIN 72 HOURS BALLIMORE. MARYLAND, 21201 PRIOR TO BURBAL CREMATION OR REMOVAL.	TO PRODUCT EXAMINEE: THE CERTIFICATION OF THE WEBICAL EXAMINEE: THE CERTIFICATION OF THE WEBICAL EXAMINEE: THE CERTIFICATION OF THE PROPERTY PROPER	William SECULE HE CONTINUE AND TO SECULE HE INNURSING HOME (1795 OR PRINT) William J. SEX White White	TOTAL	DEPARTMENT O STATE REGISTRAR I. DECEASED NAME (TIPE OF RINIT) William Junior 3. SEX 4. RACE White White August 26, 1933 5. CHIZEN OF BIRTH MONIN DAY VEAL 1. ALS BIRT MONIN DAY WILLIAM White August 26, 1933 18. CHIZEN OF WHAT COUNTRY? Maryland II. NAME OF HOSPITAL, NURSING HO (I) MOD TO SUCH ACRESS HERE ADDRESS WILLIAM BOOLE WATHER STATE III. NAME OF HOSPITAL, NURSING HO (I) MOD TO SUCH ACRESS HERE ADDRESS WATHER STATE III. NAME OF HOSPITAL, NURSING HO III. NAME OF HOSPITA	DEPARTMENT OF HEALTH REGISTRA	MEDICAL EXAMINER'S CERTIFICATE OF RIGHT MADE IN THE MODEL OF BRITH MADE IN	DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE TOSTATE RECISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH JOSE LOST MEDICAL EXAMINER'S CERTIFICATE OF DEATH JUNIOR JUNIO	FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE STATE REGISTRAN REGISTRAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. STATE REGISTRAN REGISTRAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG.	DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. TORCESSO NAME WILLIAM JUNIOR FISHEL MALE WILLIAM AUGUST 12 18 BERTIFICATE NO. MALE NO. MALE OF BERTY MALE OF MALE NO. MALE OF BERTY MALE NO. MALE OF BERTY MALE OF MAL	DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE 5 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE 5 F



Grantsville._MD

Dec 27 85 10-72 PRESTON ST., BALTIMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, 201

006181

FOR

190 DATE OF OPERATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
1 DECEASED NAME FIRST	A	AIDDLE	i	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Robe	rt Har:	rison	GOFF	, Sr.	December 25, 19	985	515A M
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male	Whi	te	Marc	h 18, 1912	73 YRS	MOINING DATA	MOOKS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D M NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
West Virginia	US	A	WIDOWE		Garrett		MD.
CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
Oakland	Garret	t County	Memor	ial Hospital	Policeman	City	Police
		134. CITY OR TOW Thomas		13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / ZIP COC Cortland Acres		Home 2629
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	LA	ST
Franklin		Goff		Retta		Myers	
160 WAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
(YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	232-03-0	839	Mrs. Rosella	H. Goff, Rowle	sburg, V	VV
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per USED BY: DIATE CAUSE (0)	11	dicui	lan h	reles.		IMATE INTERVAL ONSET AND DEATH ITES
Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	ENCE OF	arico.		Days	5
gove rise to immediate couse (a), stating the	DUE TO, O	r as a conseque	NCE OF				

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NOX YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

85 22a. I certify that (1) (the shape of ottended the deceased from and that in (my) point opinion death occurred on the date and hour and from the causes stated sow the deceased olive an.

DEGREE 22c. DATE SIGNED ATTENDING_ MEDICAL STAFF

22d. PHYSICIAN'S NAME APE OR 22e ADDRESS

> Dr. Roger Lewis, MD Cranberry Clinic, Terra Alta. West Va.

PHYSICIAN

20a AUTOPSY?

DIRECTOR PHYSICIAN

20b. IF YES, WERE FINDINGS USED

STATE

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN (SPECIFY)

12/27/85 Mt. Olivet Cemetery Lantz Ridge, Preston, West Va. burial 750 DATE REC'D. BY REGISTRAL 756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

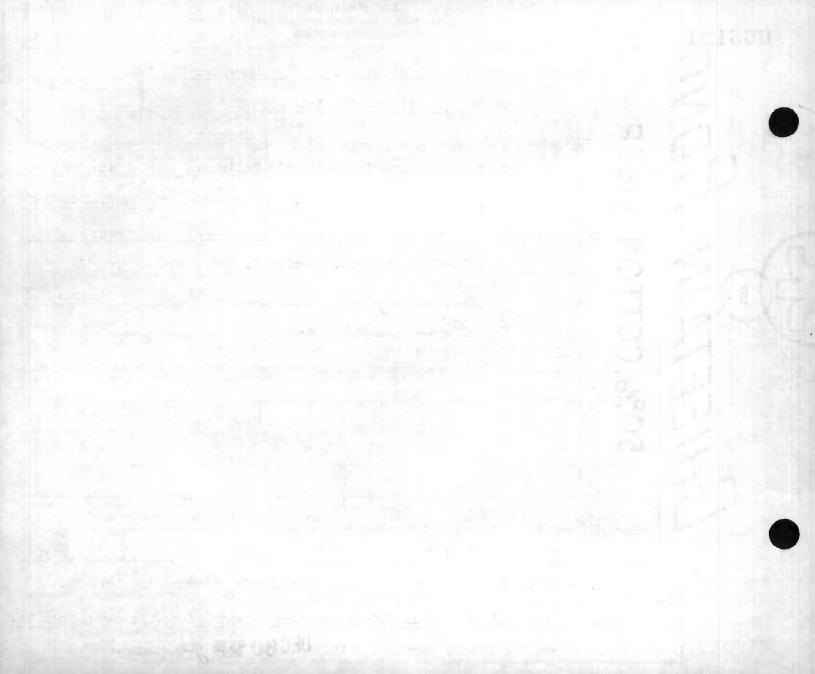
Oakland, Maryland Bradley A. Stewart

DHMH - 16 60M 2/84 (VRA 15, 4)

18

morked or Item

State Dept. of Health



- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	CEASED NAME FIRST		MIDDLE	t.	AST	20. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
1	Raymon	d		HUCI	KESTEIN	December	8. 198	35	306 A M
1. SE	4	4. RACE	DSILLEY	5. DATE C		6 AGE (IN YEARS LAST BIE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	Whit	te	Nov.	27, 1901 YEAR	84	YRS	MONTHS! DAYS	HOURS MIN.
7a. 8	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
P	ennsylvania	US	A	WIDOWE		Garrett			MD.
18.0	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
1	Oakland				ial Hospital	Salesman	, OKKII - O EKI		Company
	STATE 136 COL		GIVE RESIDENCE BEFOR		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 71P CODE		
1		rrett	McHenr		YES NO X	Route #1,			21541
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAS	
	Peter -	WIDDLE	Huckeste	in	Margaret	WIDDLE		Ricem	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	167-07-5	240	Thomas E. Hu	ckestein, S	ee #13		
	18 CAUSE OF DEATH (Enter of	nly ane cause pe	r line far ta , (b), ar	id ic				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	CARDIAC	arr	est			Mi	nutes
	Canditions, it any, which	DUE TO, C	or as a conseou	LE CO	ngestive hear	+ failure	4.2	6	wks
1	gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, C	RAS A CONSEQU	loul,	AN E			24	his
Z Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
CERTIFICATION	19a DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM IB P	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a.1 certify that (i) (the hex)	n/2	18 19	12 85. ar	nd that in (my) MX opinian	death occurred an the a			that (I) (
	Signature Olk.	Richte	Ar -			MEDICAL STA	FF CIAN []	22c. DATE 12-8	
	Dr. Donald				311 N. Four	th St., Oak	land,	Md. 2	1550
23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	burial	12/1	1 /85 As	sumpt	ion Cem./St.	Mary's, Ham	pton,	Allegh	eny, Pa.

DHMH - 16 60M 7/84

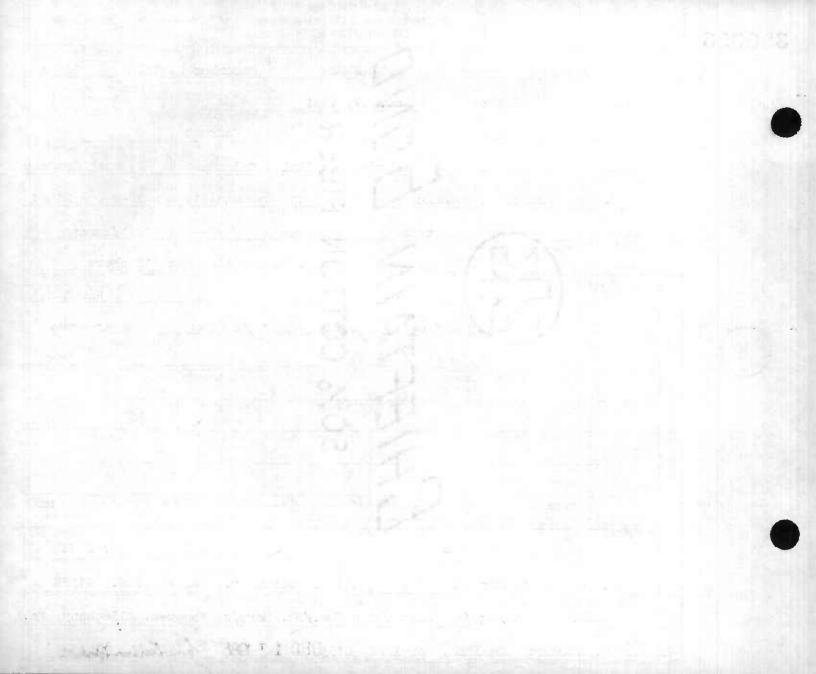
BP

Bradley A. Stewart (VRA 15, 4)

24 FUNERAL DIRECTOR

Oakland, Maryland

21550EC



	1.	FOR STATE	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 5 5	0	ding) 1
352049) DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTI	LAST	REG. N	O.	Y YEAR	In
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of and	3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDERTYEAR	IF UNDER
d age 10	Ma	le	White	A1101	st 12.1906	79	YRS	DAYS DAYS	HOURS
Pood 1	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	272 8	ED NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
nero nero		West Virginia	U.S.A.	WIDOW	_	Garret	+		
in the first		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	126 KIND O	F BUSINE
Soft the soft		Dakland	Garrett Co. N		1 Hospital	Tron Worker		I Ocal	#568
be be	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		90	196
fille 54	I	West Va. Mine			YES NO	24 Silv		ect -1	26753
12 sp 2 sp 100	M FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			145	
bandle ond		Floyd	- Lawre	ence	Minnie	-		Fles	
Ad co			MED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRI	ESS		
be e				-1544A	Mary Lawrence	e-Address s	ame as	#13 al	bove.
hysicia ooper		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily one couse per line for (o), (b), D BY					BETWEEN	ONSET AND
ng p bong rem		IMMEDIA	TE CAUSE (o)	meu	monia			16 cm) ead
ending corr			DUE TO, OR AS A CONSE	DUENCE OF					
e de att mave		Conditions, if ony, which gove rise to immediate	(b)					1	
or th by th se re cren		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	DUENCE QE				100	
sed k		PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING T	O DEATH BU	I NOT BELATED TO THE TERM	ANAL DICE ACE OR CON	DITION CIVE	LINI DADT 3	
quir sigr Then to bu	Z	atherosele		-/ 0	dem en to		DITION GIVEN	IN PART HE	5
w prior	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		20a AUTOPSY?		WERE FINDIN	
he lo	CERTIFICATION					YES NO NO	IN CERTIFYI	NG CAUSES	OF DEATH
N: T hysicing cote consi Hygi	CER	210 ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCCURE	_ A	RY IN ITEM 18 PAR	T OR PART 2)	
ICIA g ph g ph entificial-tri	CAL	OR CONTRIBUTING CAUSE OF DEA	Ama A	0 7 19					
PHYS ndin his o d Me d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	5 5 4 8 4 5 T C 1	211. LOCATION	CITY OR TO	OWN	COUNTY	51
offer of the hon	5	AT WORK AT WORK	TOME, STREET, FACTORY, OFFIC	C, HARM, ETC.)					
NDIII NDIII R: A:		22a I certify that (I) (this hasp-		"	UY 19 85	, to(1 ~~			that (I) (-
Spire Spire of for		sow the deceased alive on above, (1) (we) (did) (did no	1) view the body ofter death.	, c	nd that in (my) (aux) opinion (death occurred on the do	ate and hour c	nd from the	couses sto

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRE

should be detache

APORTANT.

Burial

aumann 23a BURIAL, CREMATION, REMOVAL 23b. DATE 12-9-85

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Rest Lawn Meml. Gardens Lavale-Allegany Co.-Maryland

DEGREE

22e ADDRESS

^{24 FUNERAL DIRECTOR} George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DEC 16 1985

22c. DATE SIGNED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 010084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XI (TYPE OR PRINT) 31 DEATH MATED Olive Grace Lawrence 4 RACE DATE LAST BIRTHDAY PRONOUNCED 31 5 535F DEAD Female 23,1904 White To BIRTHPLACE (STATE O * BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED Garrett Maryland CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Cuppett Weeks Nursing Home FOR MOST OF WORKING LIFE! 0akland UAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI COUNTY 13d INSIDE CITY FIMITS? 13e. STREET ADDRESS Maryland Allegany Cumberland 217 Dexter Place 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Arthur Twigg Emma Steckman 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) 220-10-0195 No Hazel Trenary 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cereberal vascular accident Hours DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized Years Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) Old fractured left hip. 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X 710 EXTERNAL CAUSE WAS 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TO MEDICAL EXMINES:
EXECUTE THE CERT HICATE
PAGE 4 SHOULD BE FORT.
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE SHOULD BE ALTIMORE, MARITAND Inspection X Inquiry X 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Notural couses Accident Suicide Hamicide . death resulted frag Undetermined manner TITLE (SPECIFY) 12-31-1985 DEPUTY DATE SIGNATURE MEDICAL EXAMINER 107 S. 2nd. St., Oakland, Md. EXAMINER'S NAME James H. Feaster, Jr., M. D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Hillcrest Burial Park Cumberland Burial Alleq. BP Leasure-Stein Funeral Home, Inc. DALER **DHMH - 17** 230 Baltimore Ave. Cumberland, MD 21502 (VR A15 ME (5)) 20M 4/B2

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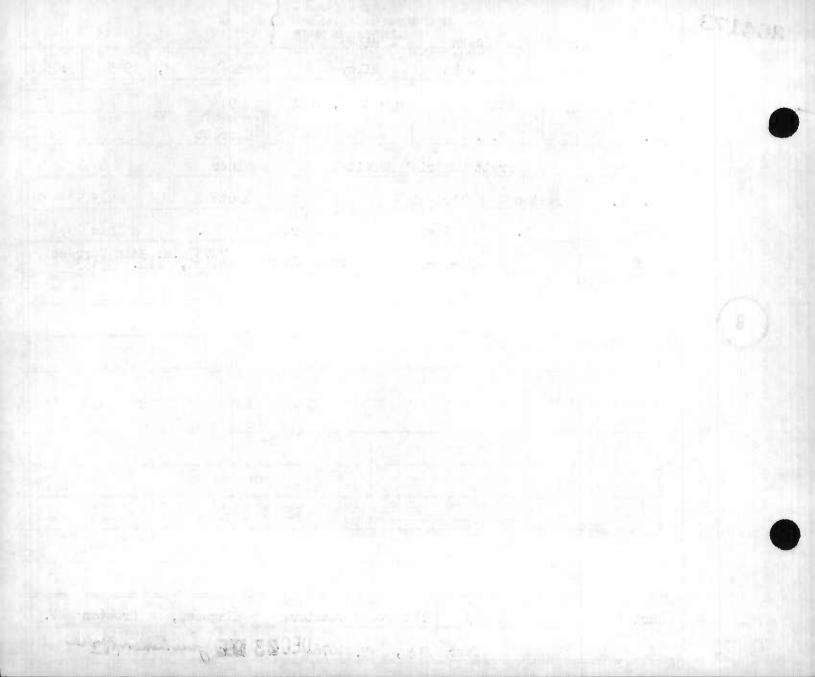
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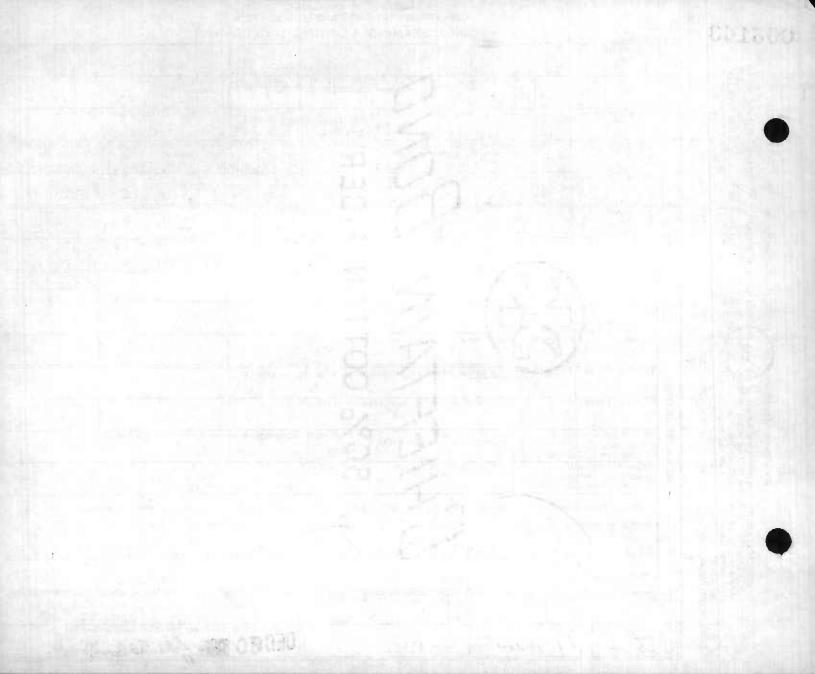
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 353160 - STATE CERTIFICATE OF DEATH REGISTRAR 7h HOUR 1. DECEASED NAME (TYPE OR PRINT) 5:20 P 7. 1985 December Rodeheaver dep Hamill George 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX July 19, 1885 Male White 100 O BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Garrett USA Maryland DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Printer Cuppett - Weeks Nursing Home Commercial Prin Oakland Rt. 5 Pox 44 13d INSIDE CITY LIMITS? 21550 Oakland Garrett Maryland NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mae White NAST Lilly Rodeheaver Patrick H. ADDRESS 518 E Street 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES! Mr. George Ferguson - Mt. Lake Park, Md. 202-12-3759 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Myscandia Mula PRESTON ST., IMMEDIATE CAUSE (a) Me to reaction the Cardious celas Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Merrie 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [] 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1)(this haspital) attended the deceased fram_ and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, ()we) (did)(did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED Wence 1) ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TTYPE OR 22m ADDRESS homas J. MANCE D.O. (BAKLOWI) 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE Burial Oakland 12/9/85 Garrett Memorial Gard Maryland 15a. DATE REC'D: BY REGISTRAM 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Oakland, Maryland 21550 Julia Veriday Donday

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(VRA 15, 4)

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CA	DECE A	ASED NAME	FIRST		MIDDLE	- 4	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
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4 may	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ge 4	F	Temale	150	White		Dec.	14, DAY 1896 EAR	89	YRS	Jan	MIN.
heoth. Po		PLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY Garret		TY OF DEATH	MD.
is ofter d	_	OR TOWN OF DEA	ТН	Rt. 2	HOSPITAL, NURSIN HEACILITY, GIVE STREET A BOX 9	G HOME C 2156	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher			tion
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hat the death ce by the ottendin ase remove carb I, cremation, or a	G C	onditions, if any, gove rise to imm ouse (a), statin inderlying couse	nediote g the	(b)	R AS A CONSEQUE						
s, 20 gned gned burio ny, or		ART 2. OTHER SIGN	IFICANT (NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 110	5
require track	10 L	anen			e Nutri			ssion	350		
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CLAN: D phys priffico col-troi ntol Hy		R CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCUR	KED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
G PHYS offending er this cond Me ond Me ked or it	21	d. INJURY OCCURR	ED	21e. PLACE		ARM, ETC)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
TTENDIN oital ar TOR: Aft far use a of Health		a. I certify that (I) saw the decease above, (I) (we) (d	(this hospi			85.01	od that in (my) (our) apinion	death occurred on the	2/14		that (I) (we) last
AL OR AT the hosp AL DIRECT letoched if ore Dept. o	22	b. SIGNATORE	5114	et k	aner deam.		ATTENDING PHYSICIAN [MEDICAL S1	AFF	22c. DATE	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT.	22	Margare	/ 1'	iser, M.			Fourth St.	Oakland,			
5 5 5 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	230. BUR	IAL, CREMATION,	REMOVAL	23b. DATE	23 t. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	CTATE
BP	12/61	Burial		12/16/	'85 Gar	rett	Memorial Gard	d. Oaklan	d Ga	rrett 1	Maryland
DHMH - 16 50M 4/82	24 14/1	AL DIRECTOR	10,	+ 0	akland 1		250. DAT	F.C. 1.8 108	R 25b. REGI	Daydon-	Mandells

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R 1 - STATE 006158 REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-IF ANY DELAY IS NECESSARY, PLEASE, AND 3 TO THE FUNKRAL DIRECTOR.

RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED. WITHIN 72 HOURS.

L'REGORDS, 79(1) W., PREGTON STREET, 12 Marlin SCHROCK James 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 85 20, 1960 DEAD Male White Jan. To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Pennsylvania WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Grantsville Self-emp. Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Garrett Grantsville Locker Lane 21536 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Raymond Schrock Mabe ! Yoder 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO PADDRESS Box 248 (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-88-2291 Norma J. Schrock, Grantsville, MD APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (*) Multple trauma including laceration Rt. atrium (DUE TO, OR AS A CONSEQUENCE OF sudden Canditians, if any, which (b) Fracture ribs sudden gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Truck accident sudden PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Fracture base of skull 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T TO MEDICAL EXAMINER: THIS CERTIFICATE SF. EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CITOFUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH ESTATE DEPARTMENT BATTER DEATH, WITH STATE DEPARTMENT BATTIMORE, MARYLANDS, 21201 PRIOR TO BUILD MINIMORE, MARYLANDS, 21201 PRIOR TO BUILD. 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TO OR Head-on collision 2 pick-up trucks. 735 xxx 12 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 Grantsville Garr. Mostate WHILE NOT WHILE Rural Rt. Highway 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Accident death resulted from: Natural causes Suicide L Hamicide Undetermined manner DATE 12-20-85 DEPUTY 2nd. St., Oakland, Md. Feaster, Jr., M. D. 107 23g BURIAL, CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Cherry Glade Cemetery ery Accident Garrett MD 25g. Date REC'D. BY REGISTRAR'S SIGNATURE 07/84 25M 24. FUNERALDTRECTOR DHMH - 17 Grantsville. MD (VR A15 ME (5))

(Boll3 | 1 .d. is in place of a series THE TENNES TO SEE SEE SEE ALL CONTRACTOR CALLS TO THE SECOND AND THE RELEASE TRANSPORT OF THE PARTY OF THE RESERVE OF THE PARTY OF 20-08-31 and Torresonne e. verson, de. v. e. di; a. . m. dv., bellen, ju.

BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKIII	FICALE OF DEATH	REG.	NO.				
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
1	TARE	Clarence	e W	illiam	SHE	ARS	Decmeber	24	1985	8 4	м	
r	1. SEI		4 RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR			
	Ma	le	White		Apri	1 16. 1902 YEAR	83	YRS	MONTHS DAYS	HOURS MI	4.	
	Level	THPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8		9 BALTIMORE CITY			•		
21		Va.	USA	1	WIDOW	ED NEVER MARRIED	Garret				MD	
_	_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION		OF BUSINESS C	-	
10	Oa	kland		Weeks 1		g Home	Clerk	TOF WORKING		t Facto	ry	
50	13a S	TATE NURSING HOME OF TATE NURSING HOME OF TATE NAME OF TA	NTY ,	GIVE RESIDENCE BEFORE 131. CITY OR TO	WN	113d INSIDE CITY LIMITS? YES NO 😿	13e STREET ADDRES Box 101		DDE 26717_ 4	90999	9	
	-	THER'S NAME			den	15. MOTHER'S MAIDEN NA	AME		- Ca. 24	7 7 7 7	-	
2	14	Taylor	WIDDLE	Shears		Celotta	WIDDLE		Jones			
-	lóa V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADI	DRESS	001165		_	
3	20.0	(IF YES GI	VE WAR OR DATES}	235–30–	-0483	Kenneth She	ars - same	as 13				
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	S	IMMEDIATE CAUSE (0)									IVIV	
			DUE TO, C	R AS A CONSEO	UENCE OF		. 1/	1	0	11/5		
		Conditions, if ony, which gove rise to immediate								1		
		couse (a), stating the	DUE TO, C	R AS A CONSEO	UENCE OF							
		underlying cause last.	(c)_									
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
_	IFICAT	90 DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		YES, WERE FIND			
1	1						YES NO		YES [NO [
9	CE	210 ACCIDENT WAS UNDERLYING	4 0110 4		DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IT	JURY IN ITEM I	B PART I OR PART 2)			
	SE	OR CONTRIBUTING CAUSE OF DE	AIN	.M.	19							
	EDIV	21d INJURY OCCURRED		OF INJURY	. FADAL 57C \	211 LOCATION	CITY OR	IOWN	COUNTY	STATE		
	2	WHILE NOT WHILE AT WORK	TAT HOME ST	REEL PACTORY OFFICE	PARM EIC	,		,				
		220.1 certify that (1) (this hasp	1910			19 0		24	. 19.05	that (1) (y/6) la	ost	
		saw the deceased alive ap 19 80. and that in (my) (ger) apinion death accurred on the date and hour and from the causes stated										
		22b. SIGNATURE	()			DEGREE			22c. DATI	SIGNED		
			10th	~		ATTENDING PHYSICIAN	MEDICAL ST	SICIAN	10	1140	1	
1		228. PHYSICIAN'S NAME (TYPE				22e. ADDRESS						
1		Thomas G. Jo	ohnson,	M.D.	10.	Fourth Street	et Oak]	and,	Marylan	d 21550		
	22 p	LIDIAL CREAMATION DEMONIAL	100 DATE	72	NIAME OF	FILETERY OR COSTULTORY	224 LOCATION					

MH - 16 60M 7/B4 (VRA 15, 4)

STATE

Penn Cremation Service Pittsburgh Allegheny

136 DATE REC'D. BY REGISTRAR 216 REGISTRAR'S SIGNATURE

Maryland 21550 7 3 0 1985 Julia Buildon Rendal

Oakland, Maryland 21550

At an other - smooth throat Settle C-100

The As T. Timode, L.T. Timed: Street Saldand, Saryland 21530

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH 1. DECEASED NAME MONTH 26. HOUR TYPE OR PRINTS Lester Eugene STEYER 1985 December 12:30P M 6. AGE (IN YEARS LAST BIRTHDAY) HE UNDER 24 HRS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 1, DAY 1910 EAR Male White 70. BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Garrett DIVORCED | WIDOWED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12 b. KIND OF BUSINESS OR Garrett Co. Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Oakland Miner Coal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Garrett Deer Park 113d. INSIDE CITY LIMITS? 130. STREET ADDRESS Box 41 21550 YES | NO X Rt. 3 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE UNKNOWN Mary Stever In WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-01-6692 Mrs. Opal Stever - same as 13 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOT YES T 2 to ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION

CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE

sow the deceased plive on above, (I) (we) (did) (cidnot) view the body after death and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22ª ADDRESS Thomas G. Johnson, M.D. Fourth St. Oakland, Marvland

23d LOCATION 230. BURIAL, CREMATION, REMOVAL 1236 DATE 23c NAME OF CEMETERY OR CREMATORY (rural) Oakland Garrett Md. Birial 12/4/84 Pleasant Valley Cem.

Oakland. Maryland 21550

220.1 certify that (1) (this haspital) pttended the deceased from

Julia Davidson

NO F

STATE

DHMH - 16 50M 4/82 (VRA'15, 4)

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CERTIFICATION

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ACULTY (NEW YORK), Sanctoni 21869: USO X P ESE GALLANDER SANCE

002109

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	RF	G. NO.				
	CEASED NAME	FIRST	-	MIDDLE	(LAST	20 DATE OF DEA		DAY YEAR	2b HOUR		
{TYP	EORPRINT)	nest	Gilb	ert	TAST	KER	December	r 25.	1985	1:20 PM		
1. SEX 4. RACE				5. DATE OF BIRTH		6 AGE (IN YEARS LA		MONTHS DATS	IF UNDER 24 HRS			
Male Whi			White	Sept.		15, 1906	79	YRS		HOURS MIN.		
7a B	IRTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CI					
Ma	ryland		USA		WIDOW		Garret	t		MD.		
10 CITY OR TOWN OF DEATH				HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		120 USUAL OCCU			OF BUSINESS OR		
Oakland			Garret	t Co. Men	noria]	l Hospital	Forema		Rail			
12	L RESIDENCE (IF NURS	136 COUN		136 CATY OR TOW		113d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	DE			
Me	ryland	Garr	rett	Deer Par	k	YES 🗍 NO 🔀		Box 17	21550	0		
14.7	ATHER'S NAME		MIDDLE	LAST	11.15	15 MOTHER'S MAIDEN NA	ME	DLE	LA	ST		
	Scott	Ben	iamin	Tasker		Minnie			Hardes	ty		
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS Rt	. 4 Box	x 76		
No)			705-05-9	357	Mrs. June Smi	th - De	er Park				
	18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o), (b), one	dic.	4			BETWEEN	ONSET AND DEATH		
	PART I. DEATH W			andiosed	mine	rus avent						
	WWW.Chile Choose of											
	Conditions, if any, which (16) WARN Santo intertinal bleeding											
	Conditions, if any, which gove rise to immediate (b) WASUI Sacht in that is a Collaboration of the conditions of the con											
	cause (a), stoting the DUETO, OR AS A CONSEQUENCE OF											
	underlying couse lost. (c)											
					DEATH BUT	NOT RELATED TO THE TERM		CONDITION	GIVEN IN PART I	0		
0	5/P Ce	relino	vascular	accide	ut -	organic &	cain syn	dione				
4	19s. DATE OF OPERATION. 19b		196 COND	% CONDITION FOR WHICH OPERATION WAS PE						IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
H	30000		G 2 82				YES T NO	and a	YES T	NO		
CERTIFICATION	21a. ACCIDENT WAS UN	DERLYING T				216 HOW INJURY OCCUR		1				
	OR CONTRIBUTING		AIR	M. MONTH DA								
MEDICAL	(IF EITHER NOTIFY MEDI		P. PLACE	M.	19	211 LOCATION						
¥			(AT HOME, STE	REET FACTORY, OFFICE F	ARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE		
	AT HOME TO MOTHER	Hik L										
	27a I certify that (I) (this hospital) attended the deceased from											
	saw the deceased alive an											
	226 SIGNATURE	11	10 1	11		DEGREE			22c. DATE	SIGNED		
	Small K. Kichter			them		ATTENDING PHYSICIAN *	MEDICAL DIRECTOR P	STAFF HYSICIAN [12-2	1.85		
	724 PHYSICIAN'S N	AME (THE	PRINT)		77e ADDRESS							
	Donal	d R.	Richter	, M.D.		Fourth Street	et Oakla	and, Ma	ryland 2	21550		
23a.	BURIAL CREMATION	REMOVAL	23b. DATE	23c. N	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
B	urial		12/28	/85 Gar	rett	Memorial Gard		1 0	arrett	Maryland		
24. F	WIRAL DIRECTOR	M	.1	100000			E REC'D. BY REGIS	11 11. K		TURE		
1	obeut My	oll,	wo Oa	kland, Ma	rylar	nd 21550 UEU	30 1985	gone de	widson-Adu	70482		
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(VRA 15, 4)

002108

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Harrison Elwood WILSON December 1985 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX May 14, 1908 Male White To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED [Garrett II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY School Board Oakland Garrett Co. Memorial Hospital Custodian 1136 COUNTY 13e STREET ADDRESS / ZIP CODE Mt. Lake Park 21550 Garrett. 409 'N' Street Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Clifford Wilson Roseby Moon Lucy He WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 193-09-1630 Mrs. Lelah L. Wilson - same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), to and ic PART I. DEATH WAS CAUSED BY hounon19 IMMEDIATE CAUSE 10 OR AS ACONSTQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on bove, (I) (we) (did) (did not view the body after death , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNALURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAL 22e ADDRESS YPE OR PRINT) Fourth Street - Oakland, Maryland 21550 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 12/27/85 Oakland Cemetery Oakland Garrett Maryland DHMH - 16 60M 7/84 Oakland, Marvland 21550

the second second second mal " se sing " Person Touchel and marketers. Such confirmation of disperse front to Territored Commonte Ut. Tell o David st. - 1 200 131 Stemach St. 30 At an elem - most; I defect age of fact-bit

Normal's Street - On Land, Maryland 21550

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